

EARLY YAWS*

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Despite the immigration into the United Kingdom in the last decade of many persons from countries where yaws is endemic, only two cases of early yaws have been reported (Erskine, 1956; Barrow, Wallace, and Nicol, 1959). It was therefore considered worthwhile to report the following case.

Case Report

A Negro girl aged 7 years from St. Vincent (an island in the West Indies) was referred to the dermatological department of the London Hospital by her general practitioner in February, 1965. When she first attended hospital she had been in England for 5 months. Shortly before she left St. Vincent, there had been an outbreak of yaws at her village school, and she had been examined at that time, but no evidence of yaws was found, and she did not receive any treatment. For the past 2 months she had had a rash which started on her knees, and later

involved the elbows, face, and scalp, some of the early lesions on the knees having healed spontaneously.

Examination.—There were several small deeply pigmented papules on the lower lip and adjacent skin, and one larger lesion approximately 1 cm. in diameter with a raised edge and central scab (Fig. 1). On the scalp there were two crusted papillomata, and on the knees and elbows there were many hyperkeratotic papules and hyperchromic macules (Figs 2 and 3, opposite). Several small scars were present on the knees. Gentle scraping of one of the papillomata on the scalp produced a friable haemorrhagic exudative lesion, and dark-ground examination of the exudate disclosed treponemes indistinguishable from *T. pallidum* and presumed to be *T. pertenue*.

Serological Investigations.—Reiter protein complement-fixation (RPCF) test positive; Wassermann reaction positive; Price's precipitation reaction (PPR) positive at a dilution of 1 in 64.

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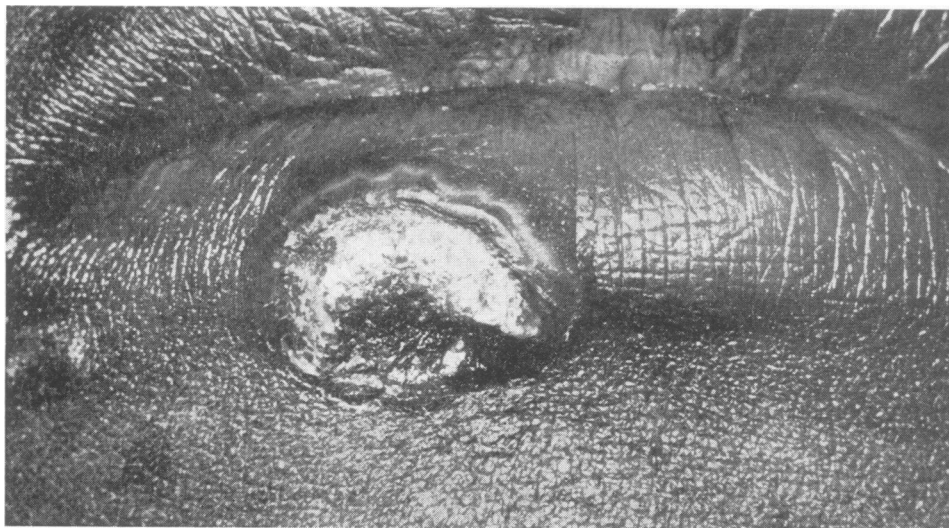


FIG. 1.—Lesions on lower lip.

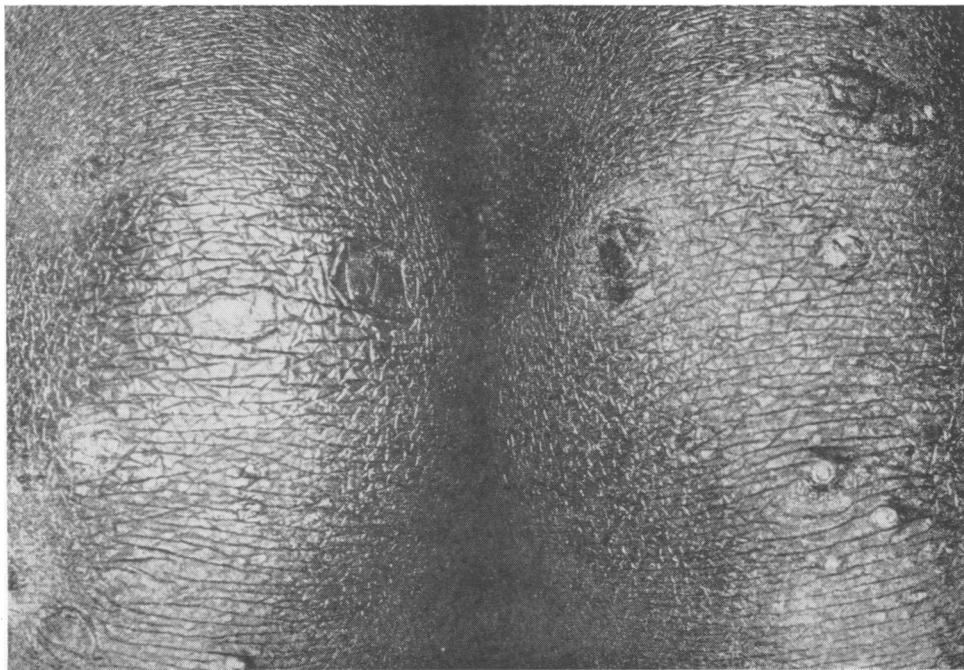


FIG. 2.—Lesions on knees.

Progress.—The child was treated with procaine penicillin, 300,000 units daily for 14 days, and at the end of that time the lesions had resolved apart from residual hyperchromia at the site of the original lesions. The scars on the knees were unchanged. Serological tests after 2 months showed the Wassermann reaction positive and the PPR positive at a dilution of 1 in 2.

Contacts.—In England the child lived with her parents, aunt, and two cousins. Her mother, aunt, and two cousins all had negative serological tests for treponemal disease and no skin lesions. Her father, who had been in England for 4 years, had a doubtful history of yaws as a child; he had attended another clinic 2 years previously for “non-specific urethritis” and was then found to have positive RPCF and treponemal immobilization (TPI) tests. He had been treated as a case of latent treponemal disease with benzathine penicillin, 2·4 mega units at weekly intervals for 3 weeks. When examined at the present time he was found to have papery scars on the soles of his feet and over the left tibia, but no other skin lesions. As expected, the RPCF and TPI tests were still positive.

Discussion

It is probable that this child contracted yaws just before she left the West Indies during the outbreak at her school, and that the primary lesion was not observed. The lesions that she developed after being

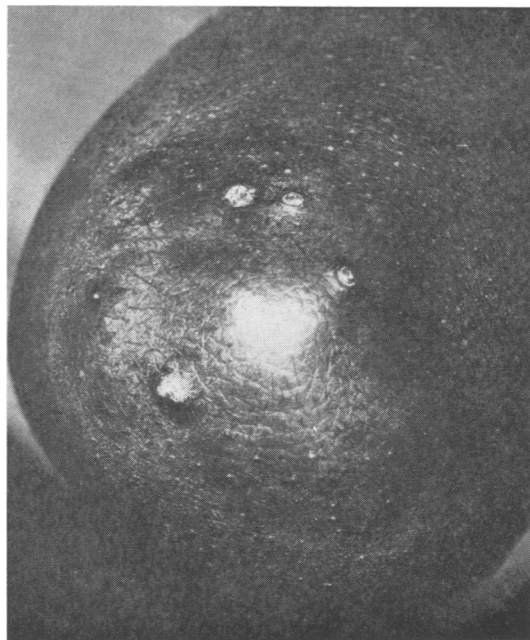


FIG. 3.—Lesions on elbow.

in England for 3 months probably represent the "secondary stage" of the disease. The lesions of the secondary stage may develop several months after an individual has left an area where yaws is endemic, and, as in syphilis, relapses of the cutaneous lesions may occur for up to 5 years. It is important that such cases should be diagnosed and treatment instituted promptly because the lesions are infectious. However, conditions for the transmission of yaws are much less favourable in Great Britain than in the hot humid climates where the disease is endemic.

Summary

A girl aged 7 from St. Vincent in the West Indies developed a papular eruption and papillomata 3 months after her arrival in England. Dark-ground examination of serum obtained from one of the papillomata revealed treponemes, and serological tests for treponemal disease were positive. The lesions responded rapidly to treatment with parenteral penicillin.

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REFERENCES

- Barrow, J., Wallace, H. J., and Nicol, C. S. (1959). *Brit. med. J.*, **1**, 420.
Erskine, D. (1956). *Proc. roy. Soc. Med.*, **49**, 236.

Un cas de pian précoce

RÉSUMÉ

Une fillette âgée de 7 ans de St. Vincent, île des antilles, occidentales, a développé une éruption papuleuse et des papillômes 3 mois après son arrivée en Angleterre. L'examen microscopique du sérum obtenu d'un des papillômes révéla des tréponèmes, et les tests sérologiques pour les tréponématoses furent positifs. Les lésions ont cédé rapidement au traitement à la pénicilline par injection.